

IN UNITED STATES <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)				
IN THE CASE OF <u>USA</u> v.s. <u>FOWLER</u>		FOR AT		LOCATION NUMBER <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
PERSON REPRESENTED (Show your full name) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		1 <input checked="" type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other		DOCKET NUMBERS Magistrate <u>C4M 0457 RBL</u> District Court Court of Appeals
CHARGE/OFFENSE (describe if applicable & check box →) <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor				

EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Am Self-Employed	Name and address of employer: <u>DINCO PROPERTY, 38 HATH ROCK ST. LYNN MASS</u>									
	IF YES, how much do you earn per month? \$ <u>2400. MO. AMT.</u>	IF NO, give month and year of last employment <u>01902</u>									
	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____									
	IF YES, how much does your Spouse earn per month? \$ _____										
ASSETS	OTHER INCOME Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">RECEIVED</th> <th style="width: 50%;">SOURCES</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		RECEIVED	SOURCES						
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CASH Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____											
PROP- ERTY Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">VALUE</th> <th style="width: 50%;">DESCRIPTION</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		VALUE	DESCRIPTION							
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DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents _____	List persons you actually support and your relationship to them _____ _____ _____

OBLIGATIONS & DEBTS	DEBTS & MONTHLY BILLS <small>(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)</small>	APARTMENT OR HOME: <u>RENT COMPENSATION</u> <u>AUTO LOANS</u> <u>INSURANCE</u> <u>MISC. EXPENSES?</u>	Creditors	Total Debt	Monthly Paymt.
				\$ <u>575</u>	\$ _____
				\$ <u>900</u>	\$ _____
				\$ <u>300</u>	\$ _____
				\$ <u>300</u>	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) JAN 23 2004

SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED) MICHAEL V FOWLER